CAMPAIGN CONTRIBUTION	IS AND EXPENSES REPORT	State of Nevada	
Dorothy & Gallaghe	el Regent	District 8	
Name (print) Pourt St. El	Office (if appligable)  KO. N.V. 89801	District (if applicable)	
Mailing Address (include city and zip code)		Telephone No.	
E-Mail Address		· · · · · · · · · · · · · · · · · · ·	
Select Appropriate Box(es) CANDIDATE	PAC BAG POLPRTY IND EXP	AMENDED ANNUAL FILING	
Annual Filing - Due Janu			
Period: January 1, 2003 – December 3	31, 2003	FILE	
Report #1 Due August 31	1, 2004	* * * * * * * * * * * * * * * * * * *	
	iod: Jan. 5, 2001 — Aug 26, 2004 iod: Dec. 20, 1998 — Aug 26, 2004	DEC 1 3 2004 LLD	
All others Per	s Period: Jan. 1, 2004 – Aug. 26, 2004		
Report #2 Due — October 2	•	SECRETARY OF STATE	
Peri	•	FOR OFFICE USE ONLY	
Report #3 Due — January 1	•		
BAGs only: Peri	•		
Annual Filing - Due Januar			
Period: January 1, 2004 – Dece * Third Report suffices for 2005 Annual	ember 31, 2004 Filing if candidate also filed Report Nos	. 1 and 2	
		Cumulative	
CONTRIBUTIONS SUI	MMARY	From Beginning of Report Period	
		This Period #1 through End of This	
		Reporting Period	
1. Total Monetary Contributions Receiv	red in Excess of \$100	1/2,450.00	
2. Total Monetary Contributions Receiv	red of \$100 or Less	25.00	
	This Period   Cumulative From		
	Beginning of Report Period #1		
	Through End of This Reporting		
3. Total Amount of Monetary Contrib	Period	-   <sub>U</sub>	
Received (Add Lines 1 and 2)	,,,	12.475.00	
<ol> <li>Total Value of In Kind Contributions I Excess of \$100</li> </ol>	Received in \$500,00 500.00		
ENGOSS OF WIDO	<u> </u>	<del></del>	
· · · · · · · · · · · · · · · · · ·	EXPENSES SUMMARY	11 11 11 11 11 11 11	
Total Monetary Expenses Paid in Ex     Total Monetary Expenses Paid of \$46		1602,80 1410,789.40	
<ol> <li>Total Monetary Expenses Paid of \$10</li> <li>Total Amount of All Monetary Expenses</li> </ol>		1702.80 11, 049.40	
(Add Lines 5 and 6)  8. Total Value of In Kind Expenses in E	xcess	1762,80 111, 049.40	
of \$100	500,00 500,00	_	
	AFFIRMATION		
I Declare Under Penalty of Perjury That the	e Foregoing is True and Correct.		
L 12			
Dorothy O Dall	lagher	December 13, 2004	
Signature	J	Date	

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Revised: Jan-04

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District s

Dorothy 5 Gallagher Regent
Optice (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
Jeff E Clark 8800 N. Cainey Center Trive Scottsdole, Az 85258 Francis M. Harris 1305 OAK St EIKO, NJ 89801	11-04-04	\$ 100.00	
Francis M. Herris 1305 OAK St EIKO, NJ 89801	11-04-04	5,00	
."			
	-		

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DoroThy	<b>3</b> ,	Gallag	he
Name (print)			

her Regen-

## Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Invierwest Advertising 549 Court St Reno, No 89501	D	11-1-04	125,00
Visa 4154 1040 1000 0335	С	11-1-04	212.05
MBNA America	C	11-1-04	290,21
MBNA America	C	11-1-04	975.54
kin Bachus 155 Washington st Elko, No 89801	В	11-4-04	100,00
	<u> </u>	,	

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Doro Thy 5 Gallagher Regent
Name (print) Office (if applicable)

District 8
District (if applicable)

## **IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
10-9-04	500.00 Deposited et EIAEro for Avietion Fuel	500,00	
<del></del>			
			·
	IN KIND CONTRIBUTION	IN KIND EACH CONTRIBUTION IN KIND CONTRIBUTION	DATE OF EACH IN KIND CONTRIBUTION DESCRIPTION OF OF EACH IN KIND CONTRIBUTION CONTRIBUTION OF EACH IN KIND CONTRIBUTION

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Dorothy 3. Gallagher Rose Name (print) Office (if applie

Uistrict 8
District (if applicable)

## **IN KIND**

## Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
El Aero. Elko Airport Elko Nu.	Aviation Fuel	10-9-04	500.00

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Prescribed by Secretary of State NRS 294A 120, 294A 125, 294A 140, 294A 150, 294A 160 294A 200, 294A 210, 294A 220, 294A 362

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Revised: Jan-04

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